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CONFIRMATION NO. 6499

SERIAL NUMBER 10/077,922	FILING OR 371(c) DATE 02/19/2002 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. BTI-18
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/269,817 02/20/2001

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
** 03/27/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
NY	58	48	1

ADDRESS

37211

TITLE

Electromagnetic interference immune tissue invasive system

FILING FEE RECEIVED 687	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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